Title:

A STUDY OF SOCIAL SUPPORT IN IMPROVING ADOLESCENTS' SOCIAL HEALTH IN BIRBHUM

Name of Researcher: Madhura Chakraborty

Guided By: Prof. Asok Kumar Sarkar

Department of Social Work

Visva-Bharati

Sriniketan

May 2016

A STUDY OF SOCIAL SUPPORT IN IMPROVING ADOLESCENTS' SOCIAL HEALTH IN BIRBHUM

Introduction

Adolescence has been referred as a significant stage of human life. It is the risky bridge between the 'childhood' and the 'adulthood'. The word adolescence is derived from the Latin word '*adolescere'* meaning 'to grow up' (Sarla Mukhi, 1987). The transition from child to adult takes place more gradually during the adolescence period. The period of adolescence begins with the onset of puberty, a rapid change in physical growth accompanied by continuous sexual maturity and ends when individual assumes adulthood (Robert A Baron, 2007). Individuals between the ages of 10 years to 19 years are identified as adolescents (World Health Organization). However in the present study the target group of 15 to 18 years is considered.

Adolescents develop some common characteristics like curiosity, mood swings, identity crisis, value conflict, questioning the authority or societal rules and attraction to the opposite sex. Further, the adolescents possess the tendency to experiment and attempt to push the boundaries and in this process they often indulge themselves into risky behaviours without having understanding of the consequences. This makes the adolescents vulnerable and it is a matter of concern. As the relationship/interaction between adolescents and adults increases, peer of the adolescents starts occupying a central role in their lives which again influence their behaviour, attitude, health, mental health, and social skills.

According to W.H.O, Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Thus the physical, mental and social wellbeing is very important for a healthy life. This social health of a person includes all the social aspect of a society. Social Health comprises life -style and social functioning of a person as well as inter-personal relationship, and age appropriate behaviour. Closeness and strong bonding with family is confirmed to be the reason of less smoking, less exposure to alcohol or drugs, late exposure to sexual intercourse, and suicidal attempts or cases (American Psychological Association, 2002).

It is thus important to know the role and the dynamics of influence of the peers, parents, and governmental institutes like schools on adolescents' social health. Social health helps to increase the ability to create and maintain healthy and flourishing relationships with other people. Healthy relationships are based on respect, mutual trust and equality. Research shows, the greatest benefit of positive social health is that it can protect from unhealthy relationships which are detrimental to overall health and wellness. Negative social health has damaging affect on physical, mental and emotional health (www.healthandwellnessforfamilies.com).

This social health is mainly influenced by the surroundings of the adolescents. Family (parenting), peers and school are important factors that influence adolescents' social health**.** The key elements of social health include: social support, Social adjustment, Social network, Performance of a person various social roles, person's satisfaction with his/her relationships, how a person 'gets-along' with

other people, how other people react to him/her, how a person interacts with social institution, whether a person have found a comfortable niche in which to operate to the best of his/her capacities and to the satisfaction of those around him/her **(**Pilar & Mark)

The present study focuses only on the component of social 'support'. A social support is that subset of individual's in an individual's aggregate interpersonal organization on whom (s) he can depend for support.

Review of Literature

I: Review of Various Concepts

Adolescence

Adolescence can be defined and understood in various ways. To understand the present social health of adolescents it is important to know and have an in-depth knowledge about the diverse concept of and how they have been defined. The earlier views of the adolescents assume a direct link between biological factors and psychological development. This perspective is pioneered by G. Stanley Hall. Hall's theory is the earliest theory of adolescences. He is also known as the father of a 'scientific study of adolescence'. Hall described the period of adolescence as 'storm and stress' and full of contradiction, wide swings in mood and emotion. Thus it is said that Hall viewed adolescent as a turbulent time charged with conflict (Gross, 2001). The psychoanalytic view which is pioneered by Sigmund Freud referred to childhood as the formative phase of a person and it influences and shapes personality. He specified three components of personality. The id, driven by the instincts, is present right from birth and it is pleasure seeking by nature e.g. hunger, sexual urges etc. The ego is the conscious, rational component of the personality. Its function is to find realistic means to gratify instincts and the third and last component is super-ego. It's the component that consists of one's internalized moral standards (David R. Shaffer, 2000). As Freud mentioned, in this phase adolescents faces sexual and aggressive urges which if not manages in the beginning might result into risk behaviour in later life. Anna in 1968 advocated that adolescence is characterized as psychological disequilibrium resulting from sexual maturity and arousal of ego defence mechanism. Eric Erickson of neo-Freudian era in his psychosocial theory revives and extends Freud's theory by concentrating less on the sex instinct and more on important socio-cultural determinants of human development. Ericson referred the adolescence period as quest for identity and coined the term "Identity versus role confusion" (David R. Shaffer, 2000). Adolescents learn through their experiences. Adolescent's learning and behaviour are significantly affected by cognitive variables such as competency, encoding strategies, expectances, personal values, self monitoring and motivation (Robert A Baron, 2007). Piaget's theory of intellectual development has important implication for social and personality development. According to Piaget**,** adolescence is a stage of transition from the use of

concrete operation to the application of formal operation in reasoning. Thus with creating opportunities for positive interaction and proper guidance they could be helped in handling their own issues more responsibly. Margaret Mead, from a cultural anthropological stand point, conducted research in Pago-Pago Samoa, in the West Indies in 1925. The goal of the researcher was to find out whether the adolescent turmoil was a universal product of puberty, and hence it is totally a biological manifestation or could be modified by cultural. Her research conclusively established that the disturbances which exist in adolescents are culturally specific and not universal. They are product of civilization (Muss, 1996).

Peer

Children are born into families. They learn new things and imbibe family values, cultural values within themselves and that's how they grow. It is a continuous and lifelong process. There are various factors that influence this process. Family and peer play a vital role as socialization agent (David R. Shaffer, 2000). Kart Lewin's field theory (1939) proposed that behaviour results from the interaction of an organism with his/her environment. He described it as the continuous interaction between –Behaviour of an individual, a function of a person and his/her environment. The rapidity of change during adolescence and a new set of expectations and demands are reported to produce a great deal of conflict and stress (Girishbala Choudhary, 2014). Adolescent starts experimenting new behaviours as they transit from childhood to adulthood. During the adolescence, the most drastic change is that they show more importance to their peers than family. It is important to mention that decrease in frequency of contact with family or increased distance with family does not mean that family play less important role in social development of the adolescents (American Psychological Association, 2002). During adolescence period, adolescents tend to avoid intimacy with parents. Parents also often face difficulty in handling their adolescents and encourage the distance. But it is important to mention that increased distance does not mean that family play less important role in maintaining good social health or, so rather adolescents need adults who can help them withstand peer pressure and find positive alternatives (American Psychological Association, 2002). Peer group values are often similar to parents' values and they are more likely to discourage than to condone anti-social conduct. So adolescent socialization is not a continual battle between parents and peers; instead, these two influences combine to affect one's development (David R. Shaffer, 2000). It is very much important to understand that 'peers' are not always a threat for a healthy social health. They are also promoters of positive developmental out comes. Getting along with peers is also very important to have positive influence in socialization. When the topic of peer sociability in adolescence.

Parenting

Parenting plays a direct role in particular type of behavioural outcomes in adolescence (William.A, 2008). Robert A Baron in his book "Psychology" mentioned that different parenting style have different outcomes on their children. Authoritarian parenting, authoritative parenting, permissive parenting, rejecting/ neglecting parenting style have long lasting effects. Studies suggest that authoritative style may have most beneficial effects. Adolescents whose parents adopt this type of parenting are generally competent both socially and cognitively. In contrast parents who adopt rejecting or neglecting style of parenting have negative effects on both the dimensions (Social and

Cognitive). Moreover they often show unsettled patterns of behaviour e.g. antisocial behaviour, rejecting parents etc. Apart of this the parents who adopt authoritarian or permissive style tends to fall in between (David R. Shaffer, 2000). Erikson identified two aspects of parenting in childhood and adolescence. This is termed as Parenting Acceptance/Responsiveness, Parental demandingness /Control or even known as "Permissiveness-restrictiveness". Parental acceptance/responsiveness is a aspect of parenting that explains the amount of responsiveness and affection that a parent exhibits towards a child. Accepting and responsive parents often smile at, admire and encourage their children, they express their warmth, they also be critical when their child misbehaves. Less accepting and relatively irresponsible parents are often quick to criticize and punish. They rarely communicate with the child that they are important. They even ignore a child. Parental affection/responsiveness is a powerful contributor to healthy developmental outcomes as secure attachments and the problem-solving and other social skills that foster higher self esteem, positive role-taking skills, competent academic performances "Sensitive, responsive parenting promotes secure attachments, which are associated with positive peer relations. And authoritative parents tend to raise approximately sociable children who establish sociable children who establish good relations with peers, whereas highly authoritarian or uninvolved parents particularly those who rely on power-assertion as a control tactic-tend to raise disruptive, aggressive youngsters whom peers often dislike." (David R. Shaffer, 2009)

Schooling

The scholastic curricula is not only designed to serve academic purposes but also to impart problems solving strategies, moral and ethical aspects, cultural values and social skills that help the children to become a responsible citizen (David R. Shaffer, 2000)

It is seen that some schools are more 'effective' than other at creating positive outcomes such as low absenteeism, enthusiastic attitude towards learning academic achievements, occupational skills and socially desirable patterns of behaviour. Certain factors like physical characteristics of school, open or traditional classroom structure, amount of money spent per pupil, etc. effect when it comes to school's performance.

In general effectiveness of schools is those in which:

- Students are motivated to learn.
- Teachers create classroom environment comfortable engaging task oriented.
- Positive aptitude treatment interactions that are a 'good fit' between students' personal or cultural characteristics and the kinds of instruction they receive.

Teachers play a vital role in students' progress. Teachers' expectations from students encourage students to perform better. Again teacher's reactions to a child's suitable and unsuitable classroom behaviour can even influence a child's reputation with the peer. Teaching styles can also affect student's outcomes; authoritative instruction is more likely to motivate students to do their best than the authoritarian or Laissez-faire instruction. But even the authoritative teachers have to use different instructional techniques with different techniques with different children to get the most out of each student. Creation of stronger bilingual and multi-culture educational programmes and usage of cooperative learning methods within the classroom could bring out better result.

Children benefit intellectually and socially from their use of computers. Computers assisted instruction (CAI) often improves children's basic academic skills. The computer programming smooth the progress of cognitive and 'meta cognitive' development. It also promotes social interactions with peers via internet.

Although it seems that adolescents benefit from the uses of computer but it is clear that disadvantaged children (economically, socially or medically) do no tend to get that much benefit from it. Also the features of violent computer games, sexually seductive games, initiate aggression and antisocial behaviour. Unrestricted access to internet and World Wide Web also creates negative behaviour on them (David R. Shaffer, 2000).

Social Health

It is the ability to create and maintain healthy and flourishing relationships with other people. Healthy relationships are based on respect, mutual trust and equality. Research shows that the greatest benefit of positive social health is that it can protect you from unhealthy relationships which are detrimental to overall health and wellness. For social health have damaging affect on physical, mental and emotional health. Thus for a healthy life and development physical, mental and social well being is very important. Hence social health includes life-style, inter-personal relationship and overall social functioning of a person.

This social health is mainly influenced by the surroundings of the adolescents. As mentioned before, peer pressure become central focus of adolescence period and the socialization, which is exposed to the adolescents without having the understanding of new well they could process the information, might last but not the learnt the parents who often free problem regarding parenting especially in adolescence period (Helping Your Child Through Early Adolescence, 2005) have tremendous influence on the shaping of adolescence's social health.

Social Support

The key element of Social Health is Social Support. Now this social support is often misunderstood as a synonym for social network but the term "Social Network" and "Social Support" go hand in hand. Social Network is a sociological build taken from the anthropological studies. A social network embraces all of an individual's social connections. They are of people from a variety of sources, such as family, neighbours, friends, co-workers and other informal and formal supporters. System ties can be named either affectionate, close connections, or free sews, easygoing associates. An individual's informal organization ties can be portrayed along basic and interactional measurements including size, wellspring of ties, part homogeneity, recurrence of contacts and open door for equal trade of backings(Rosario Ceballo and Vonnie C. McLoyd. 2002)**.**

The social support writing evinces perplexity or obscuring of the refinement between interpersonal organization and social support. Expert and specialist regularly seem to view informal community as strong ties between people. However not all informal organizations are essentially steady (Robert F. Schilling II., 1987). Social support has been characterized from numerous points of view with

contrasting consideration regarding its passionate, open, material and social view points. Thus social support is a "relational structure through which people request support and make demand."**(**James Garbarino)

A social support is that subset of person's in an individual's total social network on whom he can rely for support. (Kathleen EII, 1984)

The term Social support has been characterized and re-characterized. As indicated by one comprehensive definition Social support "describes the comfort, assistance, and/or information on receives through formal or informal contacts with individuals or groups."(Barbara S. 1983)

Social support is for the most part alluded to a wide assortment of wonder that described the social environment, or individuals who encompass people in their system, people generally distinguish between structural and functional measures of support (auxiliary and utilitarian measures of support), (Vicki S. Helgeson, 2003)

Structural measures of the environment deal with the sheer way of life of social relationships. It describes the presence, the inter-relationships and the relation among other set of connections members. These measures are quantitative measures of support since they for the most part mirror a measure of individuals or measure of contact a man has in his/her social surroundings e.g. conjugal status, recurrence of connections, number of individual parts in an individual, for example, student, professional, guardian, kids and so forth.

However a functional measures point to the resources that people within the individual's social network offers. These are qualitative measures. There are a number of classifications of support functions. Most of the classifications consist of these three basic functions: emotional support, instrumental support, and informational support.

- Emotional supports alludes to having individuals accessible to tune in, to care, to sympathize to give consolation and to make one feel esteemed, cherished, and looked after.
- Instrumental support once in a while alludes to as unmistakable help, includes individuals giving solid help, for example, loaning cash, help with family unit cases and so forth.
- Informational support obviously includes the procurement of information, data or direction.

Structural support demonstrates a straight connection to personal satisfaction. At the point when anxieties levels are low, basically being included in a system, having individuals around, and feeling part of a gathering are identified with an improved a personal satisfaction. The practical parts of support exhibit the anxiety buffering. At the point when anxiety levels are high, assets are required from individuals with in social environment to encourage adapting. It is trusted that emotional support is the most grounded anxiety cushion. It is useful regardless of whom the source is. In any case, individuals expect that instructive backing is gainful just on the off chance that it is from specialists. So wellspring of backing is imperative for adequacy. (Vicki S. Helgeson, 2003)

The other essential aspects of social support are received support and perceived support. Perceived support is typically measured by asking people in their network about how many resources are

available for support. Received support is measured by person's perception of whether they have received support for example –In last 3 months did someone listen to your perception (Vicki S. Helgeson, 2003).

Social Support and Social Development

Suppliers of social support may apply extensive impact over beneficiary's conduct and improvement. Social support suppliers are frequently good examples for the individuals who get, solace and help. Frequently social support and positive part displaying are not in struggle. In some examples, however steady people may not display versatile conduct. Companions are another wellspring of social support and impact, especially for young people. Regularly youngsters settle on difficult decisions between associates who offer various types of support and impact. In some occasions steady systems may both help teenagers by making them feel acknowledged and hurt them by applying weight to not acclimate scholastic desires. For a few young people, social support acquired through conformance to gathering standards may have long haul unfriendly impacts (Robert F. Schilling II., 1987).

II: Review of Previous Studies

1. In the study "Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles" conducted by Huebner AJ, Howell LW (2003), it has been seen that the parental monitoring, parental monitoring by parent-adolescent communication and parenting style by ethnicity were significant predictors of sexual risk-taking. No gender or age interactions were noted and parental monitoring, parent-adolescent communication and parenting style are all important variables to consider when examining sexual risk-taking among adolescents. The study was done taking 7th-12th grade students in six rural, ethnically diverse schools located in adjacent counties in a South-eastern state as participants.
2. In a study conducted by Alfredo Oliva, et al. (2009), made effort to understand the association between the occurrence of stressful life events and internalizing and externalizing problems, and to analyze longitudinally buffering effects of supportive family relationships. Spanish adolescents were studied twice, in three different phases when they were in mid-adolescence (15-16 years) and two years later. They completed questionnaires which were prepared keeping in mind the variables like stressful life events, family relationships, and adolescent adjustment. The first phase of the study was cross-sectional. The sample size was restricted to 513 Caucasian adolescents (221 boys and 292 girls) between 13 and 19 years of age. Participants were selected from a total of 10 secondary schools which were chosen randomly. 74% of the participants resided in urban areas and 26% resided in rural areas. The major family structure as noticed, where88% of the participants lived with their biological parents, 7% with their mother, and 3% with their father. 136 adolescents participated in the first wave of the study; 113 adolescents participated in the second wave and 100 participants remained in the third wave. The goals of the study were explained to the

headmasters/headmistresses of the selected schools interviewer visited the school and selected the adolescents. Parents were informed by mail about the study and only three parents rejected the participation of their children in the study. The participants completed the confidential questionnaire during a 45-minute group session. Two and four years later, we returned to the schools to interview the selected adolescents that were still in attendance. They contacted those teenagers that were no longer in the school by phone and met them in the Faculty of Psychology, where they completed the questionnaires. Analysis did not reveal significant differences between the second and the third waves, but differences were detected between the first and the third waves. The study had its boundaries too as stressful life events in an exposition way at the end of adolescence. This measure can be biased by the same variables that it pretends to foresee, that is externalizing and internalizing problems. The reduced size of the sample used in the also made it difficult in the generalization of findings. Results showed that high quality parent-adolescent relationships protected boys and girls against the negative consequences of stressful life events on externalizing, but not internalizing, symptoms. The adolescents who enjoyed good relationships with their parents in mid-adolescence did not increase their externalizing problems in late adolescence as a consequence of the occurrence of stressful events. However, these stressors did lead to an increase in the number of externalizing problems when the family relationships were of a middle or low quality. These results highlighted the important role that supportive family relationships play in the behavioral adjustment of adolescents, protecting them against some negative consequences of stressful life events. Both the family and school environments influence adolescents' violence, but there is little research focusing simultaneously on the two contexts.

3. A study conducted by Ibabe I, Jaureguizar J, Bentler PM (2013) analyzed the role of positive family and classroom environments as protective factors for adolescents' violence against authority (parent abuse and teacher abuse) and the relations between antisocial behaviour and child-to-parent violence or student-to-teacher violence. The sample comprised 687 Spanish students aged 12-16 years, who responded to the Family Environment Scale (FES) and the Classroom Environment Scale (CES). Structural Equation Modelling was used to test our model of violent behaviour towards authority based on Catalano and Hawkins' Social Developmental Model (1996). Perceived family cohesion and organization showed an inverse association with parent abuse, suggesting that a positive family environment was a protective factor for the development of violence against parents. Family and classroom environments had direct effects on adolescents' violence against authority, and antisocial behaviour showed a mediating effect in this relationship. The model accounted for 81% of the variance in violence against authority. As family environment was a better predictor of violence against authority than school environment, intervention efforts to reduce rates of adolescent violence should focus on helping parents to increase family cohesion and to manage conflictive relationships with their children.

4. A study on “Family Communication Pattern and Parenting styles with Quality of Life in Adolescent”, conducted by Sanavi FS, Baghbanian A, Shovey MF, Ansari-Moghaddam A (2013), with the purpose to investigate the relationship between parenting styles and family communication patterns with adolescent's quality of life.It was a cross-sectional study was

carried out on 439 randomly selected adolescents in the city of Zahedan, Iran, from January to July 2011.The subjects were asked to complete the KIDSCREEN-52 health-related quality of life questionnaire, while their parents were asked to complete the Diana Brinder's Test to show their parenting styles. SPSS 15 was used to analyse data. Most parents had 'authoritative' parenting style (n = 380; 86.6%). Pluralistic (n = 170; 38.7%) and consensual (n = 152; 34.6%) patterns were the most frequent styles of communication in families. Data suggested a significant relationship between parenting style and some dimensions of quality of life, including physical well-being, psychological well-being, social support and peers, and autonomy ($p < 0.05$). There was also a significant relationship between family communication patterns and parent relation and home life ($p < 0.001$) as well as autonomy ($p < 0.006$) and as a result which came out was very interesting that is families play a critical role in increasing adolescents' health-related quality-of-life. Effort should be made to address problems facing parents while raising their children.

5. Lenzi, M. (2014), in a study found that peer victimization is common across schools and cultures. It has potential for long-lasting effects on the well-being of victims. For a number of reasons, adolescence may be a particularly important developmental period for the study of peer victimization. Firstly, there is evidence that peer victimization may increase during the transition to secondary school as adolescents attempt to gain peer acceptance and social status while new peer groups are established. Secondly, adolescence appears to be a in danger period for the development of internalizing disorders, with epidemiological data suggesting a pattern of elevated risk beginning in early adolescence that continues to increase over time. Thirdly, in this developmental period peer relationships and approval become more and more important as adolescents individuate and seek autonomy from parents. Participants were 5030 adolescents aged 11–16 recruited from secondary schools in the UK. Self-report measures of victimization and symptoms of anxiety and depression were administered on three occasions over a 12-month period. Latent growth models examined concurrent and prospective victimization-related elevations in anxiety and depression symptoms above individual-specific growth trajectories. Total sample size was 5030 adolescents. Data were collected as part of a randomized control trial to examine effectiveness of an 11-session depression prevention program. Groups were randomly assigned on a 1:1:1 ratio to the following.

   (1) a CBT-based depression prevention program, (2) an attention control condition, (3) usual school provision

Participants were students aged 11–16 recruited from eight secondary schools in the UK. Eligible schools were mixed-sex secondary schools in five local education authorities incorporating urban and rural sites in the East Midlands and South West of England. 5030 (91.4%) provided informed consent for the study. Researchers usedOlweus Bully/Victim Questionnaire, Short Mood and Feelings Questionnaire (SMFQ), Revised Child Anxiety and Depression Scale.Adolescent peer victimization was allied with immediate and delayed rises in anxiety and depression. Early intervention aimed at identifying and supporting victimized adolescents may prevent the development of these disorders.Strengths of the current study include the prospective design and use of a large adolescent sample. Furthermore, this study progresses the literature on peer victimization

by employing advanced latent variable modeling techniques to gain a more detailed understanding of indication change associated with being victimized (Lexine A. Stapinskiab, Ricardo Arayaac, Jon Herona, Alan A. Montgomeryd & Paul Stallarde, 2014). This article titled 'Adolescent Gang Involvement: The Role of Individual, Family, Peer, and School Factors in a Multilevel Perspective', the paper is focused on adolescent gang involvement and the different role played by factors like individual, family, peer, and school. It is a research article; research area is California, U.S. The article defined 'Gang membership' as any durable; street-oriented youth group whose identity includes involvement in illegal activities.The beginning of the article is focused in describing the presence of the gang membership in U.S. The number of cities reporting the presence of gangs has grown exponentially in the U.S. since 1990s with prevalence rates for youth gang membership varying from 2% to 37%. And the most alarming thing about gang involvement is the connection between gang identification and aggressive, violent, and criminal acts. The article then made an attempt to find out the gaps among the past research studies. Considering the detrimental effects that gang activities can have both on the community and gang members themselves, research is increasingly focused on understanding factors predicting gang affiliation. However, research has mostly focused on risk factors, in contrast to the protective factors. Past researchers have studied in-depth psychological and social processes involved with gang membership. Despite the central role of school in adolescents' lives, the association between school characteristics and gang membership has not yet been well studied. In addition, no studies to date had analyzed how risk and protective factors in multiple settings interact in influencing gang affiliation.The paper, hypothesize a cross-level interaction between social and psychological resources (i.e., empathy and parental support) and lack of safety at the school level, with empathy and parental support having a stronger negative association with gang affiliation in highly unsafe schools. This study examined the role of psychological and social resources at the individual and family levels in protecting youth from gang affiliation. The authors have used Thornberry & Krohn's Interactional theory to establish the causal relationship between the protective factors and risk factors. According to Interactional Theory, gang membership derives from a reciprocal association between the individual and his or her peer groups and other social structures (i.e., family and school contexts). Interactional Theory provides a developmental explanation of gang affiliation where control and learning factors in different social settings influence one another across an individual's lifespan. The protective factors are Empathy and Parental Support and the risk factors are Peer deviance and Feeling unsafe in school (both in individual and school level).The authors assume that higher level of perceived parental support and higher level of empathy will be associated with a lower likelihood of being part of a gang. Deviant peer group and individuals who perceive schools as an unsafe environment have a higher likelihood of being part of a gang. Again schools where there is school level lack of safety will have a higher likelihood of being a part of a gang. Participants were students who took in the California Healthy Kids Survey (CHKS) during the session 2010-2012.Total number of participants- 26,232 and Female participation- 53.4%Male participation-46.6%. Age group is 13years-16years. It is measured withthe CHKS, developed by West Ed's Health and Human Development Program in collaboration with Duerr Evaluation Resources for the California Department of Education includes a set of assessment modules evaluating youth risks and resources. The empathy and parental support scales used in this study were originally developed and validated for the Resilience and Youth Development Module (RYDM)**.**The control variables are at the individual level, students' gender, age, and self-reported academic achievement were included as predictors. Gang membership was measured with a single

item asking students “Do you consider yourself a member of a gang?” self-nomination technique and determined that is a valid measure of gang involvement. A three-item scale was used to measure empathy, which included the following items: “I feel bad when someone gets their feelings hurt,” “I try to understand what other people go through,” and “I try to understand how other people feel and think.” Participants responded on a four-point scale (1¼not at all true to 4¼very much true). Perceived support from parents was assessed through the “family support scale,” a six item scale measuring supportive relationships with adults in the home environment. Sample items are: “At home there is a parent or some other adult who: listens to me when I have something to say; talks with me about my problems.” Students’ responded on a four-point scale (1¼not at all true to 4¼very much true). A single item was used to measure peer deviance, asking students to report how true the following sentence was (1¼not at all true to 4¼very much true): “My friends get into a lot of trouble.”The feeling of lack of safety at school was measured with a single item asking students: “During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?” with responses rated on a four-point scale (from “0 days” to “4 or more days”). Lack of school safety was conceptualized and measured both at the individual and at the school level by employing participants’ subjective perceptions and aggregating individual responses to obtain the same measure at the school level.The authors have used used the multilevel regression technique of hierarchical linear modelling (HLM). For example, in studying predictors of gang membership, HLM allows for the estimation of the associations of students’ individual perception of being unsafe and the influence of school-level lack of safety (obtained by aggregating students’ responses in a school). The models were analyzed with hierarchical generalized linear model (HGLM) using a Bernoulli sampling model. Results of HLM analyses indicated that, at the individual level, high levels of empathy, academic achievement and being a female were associated with decreased likelihood of endorsing gang membership. Similarly, students perceiving high levels of parental support were less likely to claim gang membership. On the other hand, associating with deviant peers and perceiving the school as unsafe were positively linked with gang membership. Perceiving the school to be unsafe, both at the individual and at the school level, was also significantly associated with gang membership. Parental support, a family level characteristic, also served a protective function: students who reported high parental support were less likely to endorse gang membership. In the same way that empathy allows individuals to develop strong social bonds, parental support provides another opportunity to experience belonging and protection. As such, strong bonds within a family may deter adolescents from joining gangs. In addition, two factors (empathy and deviant peers) moderated each other, with higher levels of empathy mitigating the detrimental effect of associating with deviant peers on gang involvement. Findings provided support for Interactional Theory (Thomberry & Krohn, 2001), and the idea that factors across an individual’s various contexts influence one another. Characteristics at each level—individual (i.e., empathy), family (i.e., parental support), peer (i.e., peer deviance), and school (i.e., individual feeling of, and school level, lack of safety) were associated with gang membership. The paper is well researched. The protective factors as well as risk factors are well defined most importantly the paper has also looked into the multidimensional and multilevel perspectives of the identified factors; and their interaction with each other. This has also been well explained in order to avoid confusion (Michela Lenzi et al., 2014).The paper is focused on adolescent gang involvement and the roles of the factors.

But the data has been collected only from the adolescents, which is why it lacks inputs from the parents who are supposed to be the protective factors.

At the farthest end of the continuum, segregation from social networks and support is frequently related with child abuse and neglect among poor families. In general, social segregation "reduces the resources available to the family. It diminishes their right to call upon others for assistance. It limits the child's contacts for help. It allows unstable parenting patterns to develop and continue" by Garbarino1977 as mentioned by Ceballo and C Mcloyd in 2002.Various studies have demonstrated that emotionally supportive networks may go about as defensive authorities of negative life stressors, upgrading grown-ups' mental prosperity and child rearing. Emotional and down to earth support from more distant family individuals and companions may upgrade maternal conduct by securing against misery and cultivating positive guardian tyke relations. Moms with more elevated amounts of social backing are for the most part more nurturing and reliable in their child rearing and more averse to utilize corrective techniques, for example, chiding and deriding. In reality, moms who report more prominent fulfilment with informal communities react all the more delicately to their kids.
Instrumental support may improve child rearing conduct by giving folks with extra assets to childcare help, passionate direction, and monetary support. With scholastic advancement, there is additionally plentiful confirmation for parental impacts on understudies' execution in school. Parental desires, yearnings, support, and kid raising practices have been found to impact subjective and in addition target pointers of young people's scholarly achievement. Discoveries on the part of companions are less clear. While some studies have recommended that positive associate relations in school oblige better school execution, different researchers have not found any companion impacts well beyond parental impacts. It even distinguished a negative effect of great levels of associate contribution on later school accomplishment. After-effects of a later study which indicate intelligent impacts of companions' practices and components of the kinship relationship, underscore the need of a separated methodology. Discoveries' concerning family and companionship consequences for juvenile improvements are solely in view of self-reports on cosy connections, regularly inspired from the youngsters themselves. One exemption is a study reported which researched the impact of child rearing style, as confirm in family cooperation's, on early young people and their school accomplishment. Parental antagonistic control, specifically, was observed to be connected with youngsters' poor accomplishment. Positive connections between's the nature of family and fellowship connections for the most part, indicate a significant level of congruity between both settings, i.e., young people who report on sound socio-enthusiastic bonds in the family additionally appear to coexist preferable with their companions over do their age-mates.
Krappmann (1991) proposes that - in any event moderate degrees of contention and contentions among age-mates may help procedures of co-development and, in this way, might be gainful for individual improvement. Because of the unequal appropriation of force and obligations in families, feedback, test, and control endeavours by moms and fathers may have more negative impacts. They may bring about instability and lower levels of youthful change, including the dominance of scholarly requests. Taking after a comparative line of thought, recognition and consolation may have more constructive outcomes when appeared by folks rather than companions.

Family and class room environment have direct effects on adolescents' violence against authority. Positive family environment was a protective factor for the development violence on adolescents.

Parenting style is also very important variable to consider when examining sexual risk-taking behaviour among adolescents. It is established that parenting styles have contribution in adolescents' quality of life, including physical, psychological well-being, social support, and autonomy. Thus families play a critical role in increasing adolescents' health related quality of life. It is important to addressed problems facing parents while raising their children. It is also clear that high/positive quality parents- adolescents' relationships protected boys and girls against the negative consequence of stressful life situations on externalizing, but not internalizing problems.

Empathy and parental support are the protective factors. Peer deviance and feeling unsafe in school at individual and school level. Theoretically it is found that peers are also promoters of positive or good values and their not always a bad influence. But there is a need to study in this area to understand how parents and peers could come together for better social health. It is also important to know how far adolescents themselves perceive their peer and parents as a positive source of support in the time of crisis.

The previous studies have focused in any one particular area but it is important to do a compact study involving factors like peer, parents and school altogether for better understanding of their influence as support systems for the adolescents.

Rationale:

Adolescents constitute 21% of India's population and number about 243 million, largest adolescent population in the world. Adolescents in India find limited space to share their concern and needs. Thus they cope with puberty and other changes on their own with no support or appropriate guidance from family members or educational institutions. The gender biased perception of the people increases the vulnerability of girls. They are allowed little or no space for self expression or negotiation. Their mobility is often also controlled by others they often indulge into maladaptive behaviours. Their issues and concerns have found increasing space in the policy and program framework, in the country. Number of schemes and initiatives are aimed at adolescents, but all these are mainly formed on the basis of either physical or psychological aspects of adolescents, where as it is also very much important to understand the influence of peer, parents, and educational institutes as these are the vital factors of adolescent life. Hence by focusing on the above mentioned factors it could give a better understanding of the available social support for adolescents and how it could be strengthen to improve social health of adolescents. Studies related to social support and social health have not yet explored in India much, especially in context to West Bengal. Thus this specific is also significant for its kind. The study can develop an understanding of adolescents' social support that influences social health. The study can create opportunities for professional social workers to intervene and minimize various social problems; social issues in the beginning among the adolescents as it is a fact that today's adolescents' are tomorrow's adults.The ultimate aim of the study is to enhance well being of the adolescents by strengthening available social support to become a socially healthy and productive citizen.

Objectives

- To study the various social supports (emotional, instrumental, and informational support), in the context of family, peer connections and schools, that contribute towards the social health of adolescents.

- To explore how social support provided by the parents, school and peer connections influence adolescents' academic performance, stress handling, communication skill, get along with people and indulgence towards risk behaviour.

- To develop strategies considering social work theories and applications to enhance social support system in improving adolescents' social health.

Methodology

***Type of Research*:** Both qualitative and quantitative approach is important in this study as it will explain both qualitative and quantitative aspect of the phenomena and their implications for intervention.

***Research Design*:** Descriptive Research Design.

Types of data required and Sources of data: The first objective is to understand the various social supports. There are three types of social supports, emotional social support, instrumental social support, and informational social support. The type of data required here is on social supports in relation to family, peer and school and their contribution towards the social health of adolescents. Primary source of data is required to fulfil this objective.

In the second objective, the researcher is going to examine how the social supports provided by the parents, peers and school influence adolescents' academic performance, stress handling, communication skill, and get along with people-behaviour and how it indulge adolescents to adopt risk behaviour. Primary source of data is crucial for this objective.

The third objective is about detail study of the social work theories and applications. It also requires developing appropriate strategies to enhance and strengthen the social support system for the improvement of adolescents' social health. Both primary and secondary source of data is required.

Tools for Data Collection: For quantitative measurement questionnaire will be taken as a tool for data collection and for qualitative measurement FGD (Focus Group Discussion) and case study will be applied.

Process of data collection:

The data will be collected in three phases. In the 1st phase the researcher will do the ground work of contacting the school and building up of rapport. In the 2nd phase, pre-testing of the tools will be done. If requires, changes will be made to standardise the tools. In the 3rd phase, data will be collected from each school spending 15 to 20 days time. All type of respondents will be completed in each school and then will proceed to the next school.

Sampling:

Universe: Total population of adolescents of 15 -18 years in West Bengal are 23, 68,519 (Census of India, 2011). Total population of West Bengal is 9,13,47,736 (Census of India, 2011). Thus, almost 2.58% of the total population of West Bengal are adolescents of this age. As per the Census 2011, total population of Birbhum is 35, 02,387. By considering the same logic i.e. 2.58% population of Birbhum would be adolescents of that age; it is found that the universe of the study would be approximately 90,362 of the same age group.

Sample Size: If the universe is 90, 362, applying the formula of sample size calculation (where level of confidence 95% and confidence interval 5), the sample size for the present study would be 383 approx. The researcher, for better calculation and distribution of the sample, would add little more and would take396 as the sample size for this study.

Sampling Technique: The Birbhum district is divided as per the following:

Name of the sub- divisions	No. of blocks (rural area)	No. of municipality (urban area)
Sadar-Suri	7	3
Bolpur	4	1
Rampurhat	8	2

Two schools from each division, one from rural and one from the urban area will be taken for the study. Sixty-six adolescents from each school (male: 33 & female: 33) will be studied as respondents, so total 132 respondents will be studied from each divisions. Stratified Random Sampling (disproportionate) will be used. One FGD from each school with parents and one FGD from each school with the teachers will be conducted, so total 12 FGDs will be conducted with 10-12 participants in each FGDs. Two case-studies from each school, so 12 case studies will be taken. There will be some criteria to choose a case and as such from each school, one male and one female case will be included. Those cases will be chosen from the respondents who have answered the questionnaire. One has to be from rural and the other one has to be from urban locality. They should

be residing in Birbhum. To keep diversity certain points will be kept in mind such as religion, economic background, etc.

Plan of Data Analysis:

For quantitative part, the data will be analysed through percentile distribution method using different instruments like, diagrams, charts, tables, etc. For the qualitative part, the data will be developed in codes, followed by finding themes, patterns, and relationships, and summarizing the data. However, final plan of data analysis will be decided after the data collection is over.

Operational Definitions:

***Adolescents*:** Individuals between the ages of 10 years to 19 years are identified as adolescents (World Health Organization). However for the purpose of this study the target group can be those who are from 15 to 18 years old.

Social Support: Social support depicts the comfort, backing, and/or information obtained through formal or informal contacts with individuals or groups.

Proposed Chapters:

Chapter 1..... Introduction
Chapter 2..... Review of Literature
Chapter 3..... Methodology
Chapter 4..... Profile of the Respondents
Chapter 5..... Types of Social Support for Adolescents in Birbhum
Chapter 6..... Influence of Social Support for adolescents in Birbhum
Chapter 7..... Discussion and Conclusion

Ethical Concern

1. The data which will be collected for the present study will be kept confidential.
2. The participants will be engaged in the study with their full concern and after informing and explaining about the study.

Reference

1. American Psychological Association. (2002), *Developing Adolescents: A Reference for Professionals American Psychological Association*.

2. Barbara S. Wallston, Sheryle W. Alagna, Brenda DeVellis, and Robert F. DeVellis. (1983), Social Support and Physical Health, *Health Psychology*, 2: 367-91.

3. Baron, R. A. (2007), *Psychology*, Fifth Edition: Pearson Education

4. Ceballo, R. and McLoyd, V. C. (2002), Social Support and Parenting in Poor, Dangerous Neighborhoods, *Child Development*, 73(4), 1310-1321.

5. Choudhary, G. B. (2014), *Adolescence Education*, Delhi: PHI Learning Private Limited.

6. Ell, K. (1984), Social Networks, Social Support, and Health Status: A Review, *Social Service Review*, 58(1), 133-149.

7. Garbarino, J. and Et.al. (1983), Social Support Networks: Informal Helping in the Human Services , *Aldine Publishing Co*.: New York

8. Gross, R. (2001), *Psychology: The Science of Mind and Behaviour*, Kent: Greengate

9. Helgeson, V. S. (2003), Social Support and Quality of Life. *Quality of Life Research*, 12, 25-31.

10. *Helping Your Child through Early Adolescene*. (2005). U.S. Department of Education

11. Huebner, AJ., and Howell, LW. (2003) Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles, *J Adolesc Health*, 33(2), 71-78

12. Ibabe, I., Jaureguizar, J., and Bentler, PM.(2013), Protective factors for adolescent violence against authority, *Spanish Journal of Psychology*

13. Krappmann, L. (1991), Socialization in der Gruppe der Gleichaltrigen [Socialization in the peer group]. 434-468.

14. Krishnaswami, O. R, and Ranganatham, M. (1983), *Methodology of Research in Social Sciences*, Himalaya Publishing House.

15. Lenzi, M. (2014), Adolescent Gang Involvement: The Role of Individual, Family, Peer, and School Factors in a Multilevel Perspective, *Aggressive Behavior*, 9999, 1-12

16. Mukhi, S. (1987), Problems in Adolescence Sexuality, Mumbai: Family Planning Association of India.

17. Oliva, A., Jime´nez, M. and Parra, A. (2009), Protective effect of supportive family relationships and the influence of stressful life events on adolescent adjustment, Anxiety, Stress, & Coping: *An International Journal*, 28 (1), 105–120.

18. Sanavi, FS., Baghbanian, A., Shovey, MF., and Moghaddam, A. (2013), A Study on Family Communication, Pattern and Parenting styles with Quality of Life in Adolescent.*J pak Med Assoc.*63(11).1393-8

19. Schilling, R. F. (1987), Limitations of Social Support, *Social Service Review*, 61(1), 19-31.

20. Shaffer, David R. (2009), *Social and Personality Development*, Wadsworth Cengage Learning, US (489).

21. Sociology Reference Guide. (2014), *The Process of Socialization*, The Editors of Salem Press.

22. Thomberry, T.P and Krohon, D. (2001), The Development of Delinquency An Interactional Perspective. In White S.O. (Ed.), *Handbook of Youth and Justice*, Ny:Plenum, New York, 289-305

23. UNICEF. (2013), *Induction Training Modules for Adolescent Friendly Health Clinic Counsellors*. Vol. II: Reference Handbook

24. Williams. (2003), Adolescents' Relationships with Parents, *Journal of Language and Social Psychology*, 22.

25. Williams, J. (2008), Child Law for Social Work, Losangles. Lodon. New Delhi. Singapore: Sage

26. http://www.who.int/en/

27. http://www.jstor.org/stable/23420225?seq=1&cid=pdfreference#references_tab_contents

28. www.healthandwellnessforfamilies.com